

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State
 05-23-2002 90134 021 ****61.25

DOCUMENT # N97000004819

1. Entity Name

NEW CREATION MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

**500 N SAHADILLA
 WEST PALM BEACH FL 33403**

**P.O. BOX 12153
 LAKE PARK FL 33403**

2. Principal Place of Business

3. Mailing Address

500 N SAHADILLA
 Suite, Apt. #, etc.

P.O. BOX 12153
 Suite, Apt. #, etc.

City & State

City & State

LAKE WEST PALM

Zip
33401

Country
U.S.A.

Zip
33403

Country
Palm Beach



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0758892

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCKENZIE, ELLIS C
 500 N. SAPODILA AVE
 WEST PALM BEACH FL 33401**

Name **ELLIS C MCKENZIE**

Street Address (P.O. Box Number is Not Acceptable)

500 N. SAPODILA AVE

City **W. P. B.**

FL

Zip Code
33401

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

3/17/2002
 DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
 NAME **MCKENZIE, ELLIS**
 STREET ADDRESS **907 LAKE SHORE**
 CITY-ST-ZIP **LAKE PARK FL 33403**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **MCKENZIE, BARBARA**
 STREET ADDRESS **907 LAKE SHORE**
 CITY-ST-ZIP **LAKE PARK FL 33403**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **WRIGHT, DENISE**
 STREET ADDRESS **500 N. SAPADILLA**
 CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DEACON** ☐ Delete
 NAME **ALMAN SPENCE**
 STREET ADDRESS **500 N. SAPADILLA**
 CITY-ST-ZIP **W. P. B. FL 33401**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/2002
 Date

Debiting Phone #

CR2E037 (9/01)